



REPLY TO
ATTENTION OF

DEPARTMENT OF THE ARMY
HEADQUARTERS, U.S. ARMY MEDICAL COMMAND
2050 WORTH ROAD
FORT SAM HOUSTON, TEXAS 78234-6000

MCOP-O

02 OCT 2006

MEMORANDUM FOR Commanders, MEDCOM Major Subordinate Commands

SUBJECT: US Army Medical Command FY07 Command Training Guidance

1. This is my guidance to MEDCOM commanders, leaders, and Soldiers regarding my training philosophy and priorities. Our mission and Mission Essential Task List (METL) remain the same so the topics we established last year are still valid. I want you to continue training them but I am adding emphasis on Pandemic Influenza, Operations Security (OPSEC) and Installation Protection training based on lessons learned from current operations and the threat assessment.

2. The three top-level missions for the MEDCOM are:

a. Deploy The Force: Project and sustain a healthy and medically protected force. I expect commanders and leaders to take an active approach towards ensuring the Individual Medical Readiness of supported and tenant organizations is accomplished IAW AR 220-1 by maximizing existing readiness tools while assisting, training and forecasting medical readiness requirements.

b. Deploy the Medical Force: Train, Equip, and Deploy the Medical Force.

c. Care for Families: Manage and promote the health of the Soldier and the Military Family.

3. My training philosophy is simple: Strong training leads to strong readiness and enables us to support a wide spectrum of medical missions.

a. The Global War on Terrorism (GWOT) remains our focus but we must never shirk our responsibility to our remaining beneficiaries, nor our preparedness for contingency or consequence management response.

b. NCOs are responsible for individual skills training and officers for collective skills. Commanders at all levels must provide clearly defined and measurable training objectives. Leaders will take a proactive approach in supporting deployment training requirements for all deploying Soldiers whether PROFIS or assigned. Leaders must stay involved. Even through competing priorities, ensure we train to standard, not to time.

4. My training priorities are individual, then collective medical skills followed by leader development (including ethics), survival skills, and medical operational readiness. As always, safety remains paramount throughout all training. I want you leaders to take direct, personal action to reduce our accidents by at least 25% in FY07.

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5. In the enclosures you will find our mission, METL, our training areas of emphasis, mandated Army training, and references for your use. New for this year but with training already underway, I want you to address the following:

a. Pandemic Influenza. We must be well prepared for any public health event which is harmful to the population. Commanders will assign, train, and exercise epidemic, immunization, medical treatment, and all other contingency response teams. At a minimum, ensure that medical personnel receive the training delineated in OPLAN 06-01, Pandemic Influenza Preparedness and Response.

b. OPSEC. OPSEC is a chain of command responsibility. It is serious business and we must do a better job across the MEDCOM. The enemy aggressively reads our open source information and continues to exploit such information for use against our forces. Leaders at all levels must take charge of this issue and get the message down to the lowest level. OPSEC will continue to be a special interest item during command inspections. OPSEC tools, resources, and updates are available at <https://www.1stiocmd.army.mil>.


c. Army Installation Protection Program. In our role in recognizing, responding to, and recovering from a Chemical, Biological, Radiological, Nuclear, and (High Yield) Explosives (CBRNE) incident on an installation, Medical Treatment Facilities (MTF) at all levels must be trained to carry out our support mission. MTF personnel must complete CBRNE Emergency Medical Personnel Response Course (EMPRC) at the appropriate levels for their duty positions. In order to increase MEDCOM's readiness, MTFs will conduct or participate in an exercise using one of the Installation Protection threat planning scenarios. In addition, Major Subordinate Commands with tenant Biological Surety programs will conduct a Biological Accident and Incident Response and Assistance exercise. MTF Commanders will develop applicable collective, leader, and individual tasks in the absence of TRADOC approved tasks to support training to standard and have these tasks approved by their higher headquarters.

d. Combative Training. The Army combative training enhances unit combat readiness. A successful combative training program will empower Soldiers with the ability to conquer fear and anger, allowing controlled actions and enhanced situational awareness. Commanders will determine the appropriate frequency of combative training to support mission readiness, and ensure instructors are properly trained to conduct safe and professional combative training and competition.

6. We remain a Nation at war. Your task is to provide Soldiers with world-class healthcare wherever needed while continuing to provide quality healthcare to our entire beneficiary population. Properly resourced and executed, our training program enhances mission accomplishment, readiness, improves the professional competence of our Soldiers and civilians, and allows us to maximize our support to an Army at war.

Encls

1. Mission & METL
2. Training priorities & guidance
3. Army mandated training
4. References


KEVIN C. KILEY
Lieutenant General, MC
Commanding

Mission and METL

1. MEDCOM Mission.

To provide medical readiness for the US Army by projecting a healthy and protected force, deploying the medical force and managing the care of Soldiers, their dependents, and beneficiaries.

2. Mission Essential Task List (METL).

(1) Provide trained and ready Soldiers to support worldwide contingency operations.

(2) Provide medical, dental, and veterinary healthcare and services at specified operational sites in conjunction with beneficiary healthcare.

(3) Maintain and project the continuum of healthcare resources required to provide for the health of the force.

Training Priorities and Guidance

1. Individual Medical Skills.

a. 68W Transition and Sustainment. Recent combat operations have validated the importance of transforming the combat medic from 91B to 68W. The additional skills and training increased our ability to save Soldiers' lives. Support for this transformation is a consistently positive theme across a broad spectrum of commanders. We will continue to conduct 68W transition and sustainment training to maximize available resources among all COMPOs. Our **Combat Medic Advanced Skills Training (CMAST)** is the model and standard. More information is available at: <http://www.cs.amedd.army.mil/courses/tccc/tccc/index.html>. All MEDCOM Regional Medical Commands and the Major Subordinate Commands have exceeded 68W transition targets for FY05. Continue to exercise aggressive programs to ensure units and Soldiers meet and or exceed all established targets to accelerate the Army's 68W transformation, conduct sustainment training and execute the Annual Skills Validation Test to standard. As part of their higher level of training, 68W Soldiers must undergo training and qualification as Nationally Registered EMTs. The certification is valid for two years, but must be renewed NLT March of the second year. Leaders must ensure Soldiers take the appropriate steps to maintain EMT certification. Document all training in the 68W Tracking Module within the Medical Operational Data System (MODS).

b. Graduate Health Education (GHE). We must continue to grow and develop AMEDD leaders. The quality of medicine we practice in both TDA healthcare facilities and deployed TOE medical units depends on high-quality GHE programs. Although supporting the deployed force in combat is our first priority, we must continue to train healthcare professionals and find acceptable methods to maintain quality GHE programs. We cannot sacrifice the development of future leaders or quality of medical care.

c. Professional Filler System (PROFIS). Identify and train PROFIS personnel. Provide collective and individual training opportunities that will enhance both tactical and clinical skills. Commanders and PROFIS individuals must maintain appropriate emphasis on deployment readiness to ensure timely and appropriate response to short-notice contingencies. I strongly encourage annual weapons qualification (day fire) and the use of new technology, such as the Enhanced Skills Trainer (EST) for the training of all PROFIS and deploying individual augmentees.

2. Collective Medical Skills.

a. Special Medical Augmentation Teams (SMART). SMART teams make significant contributions to successful operations in the GWOT. They also play a key role in potential Homeland Defense and Homeland Security scenarios. Commanders will continue to identify, train, and prepare these teams for short-notice deployment(s). These teams should be ready at all times.

b. Pandemic Influenza. We must be well prepared for the eventuality that a biological event will affect this country in the future. Commanders will assign, train and

Training Priorities and Guidance

exercise epidemic, immunization, medical treatment and all other contingency response teams. At a minimum, ensure that medical personnel receive the training delineated in OPLAN 06-01, Pandemic Influenza Preparedness and Response.

3. Leader Development.

a. Leader training. Each command will have active Officer and Noncommissioned Officer Development Programs. Emphasize continuing education and basic core competence for all leaders. Leader development programs must address the needs of all officers, warrant officers, noncommissioned officers and civilian leaders. Ensure leader development programs incorporate an effective mentoring program.

b. Military Education. GWOT deployments have curtailed planned military schooling. Make every effort to create the opportunity for your Soldiers to receive the military schooling needed for their career development. Leaders must ensure Soldiers scheduled for training must meet APFT and AR 600-9 standards for all NCOES, OES, and functional courses.

c. Detainee Medical Operations and Ethics. All uniformed AMEDD personnel will complete Detainee Medical Operation and Ethics training initially during their birth month training. Subsequently, deploying military, civilian or contract AMEDD personnel must complete the training within one year prior to deployment. Detainee Medical Operations and Ethics training will be taken on-line at <https://mhslearn.satx.disa.mil>. Include Detainee Healthcare Operations and Medical Ethics into your Tactics, Techniques, and Procedures (TTP) during PROFIS collective training opportunities.

4. Survival Skills.

a. Antiterrorism. Antiterrorism Training (AT) remains a top priority for Army organizations. Commanders will track the completion of annual AT level 1 training requirements for all personnel. AT level 1 training is found at <https://atlevel1.dtic.mil/at/>. In addition Commanders will ensure that area specific threat briefings are given to deploying personnel.

b. Operations Security (OPSEC). OPSEC is a chain of command responsibility. It is serious business and we must do a better job across the MEDCOM. The enemy aggressively "reads" our open source information and continues to exploit such information for use against our forces. Leaders at all levels must take charge of this issue and get the message down to the lowest level. OPSEC will continue to be a special interest item during command inspections. OPSEC tools, resources, and updates are available at <https://www.1stiicmd.army.mil>.

c. Army Installation Protection Program. In our role in recognizing, responding to, and recovering from a CBRNE incident on an installation, Medical Treatment Facilities (MTF) at all levels must be trained to carry out our support mission. MTF personnel must complete CBRNE Emergency Medical Personnel Response Course

Training Priorities and Guidance

(EMPRC) at the appropriate levels for their duty positions. In order to increase MEDCOM's readiness, MTFs will conduct or participate in an exercise using one of the Installation Protection threat planning scenarios. In addition, MSCs with tenant Biological Surety programs will conduct a Biological Accident and Incident Response and Assistance exercise. MTF Commanders will develop applicable collective, leader, and individual tasks in the absence of TRADOC approved tasks to support training to standard and have these tasks approved by their higher headquarters.

d. Personnel Recovery (PR). Personnel Recovery is the task of bringing our Warriors home. It is part of the Warrior Ethos and must be embedded into every fabric of the Army. That fabric includes Soldiers, DA civilians, and DA contractors. To meet our individual PR training requirements, all Soldiers in OTSG/MEDCOM will conduct the following requirement: Code of Conduct and Level B Survival, Evasion, Resistance, and Escape (SERE) training. Collective and Leader PR training will be incorporated into training exercises and paragraph three (execution) of OPLANS and OPORDERS. The PR program is currently evolving and the specifics of training requirements are expected to change as the program matures. Current references are the final approved draft FM 3-50.1; ALARACT Message dated 22 June 2005, Importance of Personnel Recovery, and DA Website <https://www.hqda-aoc.army.pentagon.mil>. MEDCOM will support the Major Combatant Commands with SERE trained Psychologists for annual PR exercises. MEDCOM will continue to support on-order Repatriation missions for US military, DoD civilians, and DoD contractor personnel, or other personnel as determined by the Secretary of Defense, who are isolated, missing, detained, or captured (IMDC) in an operational environment.

e. Safety Training. Soldiers must avoid accidents by use of composite risk management both on and off-duty and both at home station and when deployed. We must train to standard but not become paralyzed by risk or become overly risk adverse. Rather, we must manage risk. Leaders at all levels must do risk assessments in accordance with Field Manual (FM) 5-19 prior to any training event. All MEDCOM personnel will complete the Composite Risk Management (CRM) Basic Course at <https://safetylms.army.mil/courses/c1554/eoc.asp>. All commanders in the grade of 03 to 06, Collateral Duty Safety Officers and NCOs will take the Commanders Safety Course and Collateral Duty Safety Officer Course at <https://safetylms.army.mil/librix/loginhtml2.asp?v=usasc>. All Managers, supervisors, and employees will complete occupational safety and health training at <https://safetylms.army.mil/user/mycourse.asp>. Commanders at all levels will fully implement Driving as a Life Skill program, including mandatory driver safety training and use of ASMIS-2 POV Risk Assessment. In addition everyone who drives an Army vehicle must complete The Accident Avoidance Course at <https://safetylms.army.mil/user/mycourse.asp>. The safety of our most valuable resource, our personnel, is paramount.

5. Medical Operational Readiness.

Training Priorities and Guidance

a. **Fully Medically Ready (FMR)/Individual Medical Readiness (IMR).** The MODS and the Medical Protection System (MEDPROS) offers a suite of tools designed to enhance readiness and daily operations. Leaders and Soldiers must familiarize themselves and utilize this capability. Moreover, I have directed the use of MEDPROS as the medical database of record for documenting and tracking FMR/IMR, including immunizations, for all Army personnel. Commanders at all levels are responsible for the implementation and use of MEDPROS in its entirety. AHLTA is the longitudinal medical record, and an interface has been developed between AHLTA and MEDPROS for FMR/IMR data. In places where AHLTA or CHCS II is available for documentation of IMR/FMR data by medical personnel, it should be used preferentially. Where they are unavailable or where access to IMR/FMR data is needed by non-medical personnel, MEDPROS should be used. Successful implementation will include achieving 100% of MEDCOM personnel with current IMR data in the system. Commanders are responsible to train and maintain personnel for "read" and "write" access to MEDPROS in order to maintain unit and individual medical readiness. In this manner, commanders will ensure accurate data capture. The MEDPROS Unit Status Report (USR) Report Tool can be used to complete the USR worksheet and report. Additionally, commanders can use this tool to project and update unit medical readiness delinquencies prior to the reporting date of the USR. These tools are available on the MEDPROS website at <http://www.mods.army.mil/>.

b. **Deployment Support.** Leaders will take a proactive approach in supporting deployment training requirements for all deploying Soldiers whether PROFIS or assigned. I want commanders to take an active role in seeking opportunities to improve the medical readiness of not only their own, but supported units on the installation or in the region as well.

c. **AC/RC Integration.** Reserve Components (RC) are an integral part of the AMEDD. Continue to coordinate and synchronize plans, operations and training with the RC to ensure real-world medical missions are seamless and well executed.

d. **Army Mandatory Training.** As part of a greater team we must meet other, larger, Army training requirements. Commanders are responsible for complying with all mandatory training included as Enclosure 3 and referenced in Enclosure 4.

Army Common Military Training

ARMY COMMON MILITARY TRAINING (AR 350-1)									
SUBJECT / TRAINING CODE	REGULATION	TRAINING IN UNIT			PROFIS	Annual Hours	Deployment HOURS	One Time HOURS	TRAINING FREQUENCY / REQUIREMENTS
Unit		OFF	ENL	CIV					
Weapons Qualification & Training (PROFIS & selected per) (T)	AR 350-1	x	x		x	4			Address during unit training at home station. MEDCOM :PROFIS, Promotion, EFMB etc. Personnel not assigned a weapon or not PROFIS are exempt.
Army Physical Fitness Program (APFT) (T)	AR 350-1	x	x			4			Address during unit training at home station . Hours listed are for APFT Testing only. AR 350-1 Requires AA units to conduct physical fitness training 3-5 times per week during normal duty hours. (Approx 150 hrs).
NBC Training (T)	AR 350-1	x	x			0			Address during unit training at home station. No hours are listed for this requirement. Only TDA units authorized NBC defense equipment are required to train.
In processing									
Army Substance Abuse Program (ASAP) (I)	AR 350-1	x	x			1		1	In processing, address when individual is initially assigned to the unit.
Health Benefits Awareness Training (I)	AR 350-1	x	x					1	In processing, address when individual is initially assigned to the unit.
Military Justice (I)	AR 350-1	x	x					1	In processing, address when individual is initially assigned to the unit.
Prevention of Motor Vehicular Accidents Program (I)	AR 350-1	x	x					1	In processing, address when individual is initially assigned to the unit.
Army Safety Program (I)	AR 385-10 AR 385-63	x	x	x		4		1	In processing. Required Quarterly Training for All Off, Enl, and Civ Personnel assigned/attached. Training includes Heat and Cold climate safety.
Command Climate: EO/ homosexual conduct policy/ sexual harassment/sexual assist prevention and response (I)	AR 600-20	x	x	x		7		5	In processing.
In processing/Pre-deployment									
Ethics (I, P)	HQDA Letter AR 350-1	x	x	x	x	1	1	1	In processing. Pre-deployment: address before unit is deployed on an operational mission.
Antiterrorism/Force Protection (I, P)	AR 350-1	x	x	x	x	1	1	1	In processing. Pre-deployment: address before unit is deployed on an operational mission.
Army Family Team Building (I, P)	AR 350-81	x	x		x		1	1	In processing. Pre-deployment: address before unit is deployed on an operational mission.
Pre-deployment									
Public Affairs Program (P)	AR 530-1 AR 380-5 MC Reg 350-4	x	x	x	x		1		Pre-deployment: address before unit is deployed on an operational mission.
Preventive Measures Against Disease and Injury (P)	AR 40-51	x	x	x	x		1		Pre-deployment: address before unit is deployed on an operational mission.
Subversion and Espionage Directed Against the Army(SAEDA) (P)	AR 381-12	x	x	x	x	1	1		Pre-deployment: address before unit is deployed on an operational mission.
Law of War Training/ Detainee Ops (P)	AR 350-1	x	x		x		No Hrs		Pre-deployment: address before unit is deployed on an operational mission. Conducted in MTOE units only
PR/Code of Conduct/SERE (P)	AR 350-1 AR 350-30	x	x		x		1		Pre-deployment: address before unit is deployed on an operational mission.
CODES:									
(I) In processing - Address when individual is initially assigned to the unit.									
(T) Training - Address during unit training at home station.									
(P) Pre-deployment - Address before unit is deployed on an operational mission.									

OTHER ARMY DIRECTED TRAINING

SUBJECT / TRAINING CODE	REGULATION	TRAINING IN UNIT				Annual HOURS	Deployment HOURS	One Time HOURS	TRAINING FREQUENCY / REQUIREMENTS
		OFF	ENL	CIV	PROFIS				
Common Task Testing (CTT)	AR 350-1 MC Reg 350-4	x *	x		x	4			Required annual training for all Enl personnel SFC and below. Mandatory for all Off & Enl PROFIS personnel. * MSG & above at the discretion of the commander. Fiscal Year (FY) training requirement. MEDCOM Reg requires 2 hours monthly All Corporals through CSMs are required to attend NCODP.
NCO Development Program	AR 350-1 MC Reg 350-4		x			No Hrs			
Officer Development Program	AR 600-100 MC Reg 350-4	x				No Hrs			Required monthly training for 2 hours minimum. All Officers are required to attend ODP. No specific hours are required.
Sergeant's Time Training (STT)	AR 350-1		x			No Hrs			Required monthly training for 2 hours minimum. All Enl personnel required to attend. No specific hours are required.
Operations Security (OPSEC)	AR 530-1 AR 380-5 MC Reg 350-4	x	x	x		1		1	Required training for all Off, Enl, and Civ personnel assigned/attached within first 90 days of being assigned. Requires annual integrated training as part of security training.

MEDCOM DIRECTED TRAINING

SUBJECT / TRAINING CODE	REGULATION	TRAINING IN UNIT				Annual HOURS	Deployment HOURS	One Time HOURS	TRAINING FREQUENCY / REQUIREMENTS
		OFF	ENL	CIV	PROFIS				
Health Insurance Portability and Accountability Training (HIPPA) Initial Training		x	x	x				1.5	Required initial training for all Off, Enl, and Civ personnel assigned. Completed by most MEDCOM personnel in 2003 & 2005.
Health Insurance Portability and Accountability Training (HIPPA) Refresher Training		x	x	x		1			Required annual training for all Off, Enl, and Civ assigned to MTF/DTFs. Training for other organizations is determined by the head of the organization.
NCO Development Program	AR 350-1 MC Reg 350-4		x			24			MEDCOM Reg requires 2 hours monthly. All Corporals through CSMs are required to attend NCODP.
Officer Development Program	AR 600-100 MC Reg 350-4	x				No Hrs			Required monthly training for 2 hours minimum. All Officers are required to attend ODP. No specific hours are required.
Sergeant's Time Training (STT)	AR 350-1		x			No Hrs			Required monthly training for 2 hours minimum. All Enl personnel required to attend. No specific hours are required.
Detainee healthcare and Medical Ethics Initial	ALARACT 025/2006	x	x					5	One time requirement All Enl and Officer are required to attend. Computer based training.
Detainee healthcare and Medical Ethics Deploying Personnel	ALARACT 025/2006	x	x		x		5		Initial training. All Enl and Officer are required to attend. Computer based training.
CBRNE Training (Initial)	MEDCOM CoS memo 21-Dec-04	x	x					8	Initial training all officers enlisted & Civ attend. Training is based on MOS and duty position as planned during a CBRNE event. Computer based training.
Field Training (PROFIS)	DoDI 1322.24 AR 350-1 MC Reg 350-4	x	x		x	40			Required training for all Off and Enl personnel assigned to a PROFIS position will collectively train with their operational unit (MTOE) or like unit for 5 days annually. Days may be non-consecutive and do not need to encompass an entire 24-hour period (8 hours training is considered one day.) PROFIS & CT PROFIS will train with their operational unit at a minimum of 5 days every 3 years.

References

Department of Defense Publications and Correspondence

Department of Defense Instruction (DoDI) 1322.24, Medical Military Readiness Training, 12 Jul 02

Department of Defense Instruction (DoDI) 6025.19, 3 Jan 06, Individual Medical Readiness (IMR)

Health Affairs Policy 05-006, Medical Program Principles and Procedures for the Protection and Treatment of Detainees in the Custody of the Armed Forces of the United States, 3 Jun 05

Health Affairs Policy 05-019, Training for Healthcare Providers in Detainee Operations, 13 Oct 05

Health Affairs Policy for DoD Smallpox Epidemiology Response (SER) Term, 12 Sep 02

Memorandum, Assistant Secretary of Defense, 25 Jan 06, subject: Department of Defense Influenza Pandemic Preparation and Response Health Policy Guidance

Army Publications and Correspondence

ALARACT Message, Importance of Personnel Recovery, 22 Jun 05

Army Regulation 220-1, Unit Status Reporting, 16 Mar 06

Army Regulation 350-1, Army Training and Leader Development, 13 Jan 06

Army Regulation 40-13, Medical Support, Nuclear/Chemical Accidents and Incidents, 1 Feb 85

Army Regulation 50-6, Chemical Surety, 26 Jun 01

Army Regulation 525-13, Antiterrorism, 4 Jan 02

Army Regulation 530-1, Operations Security, 27 Sep 05

Chief of Staff of the Army Message, 22 Jun 05, Importance of Personnel Recovery

DA Pamphlet 50-6, Chemical Accident or Incident Response and Assistance (CAIRA) Operations, 26 Mar 03

Field Manual 3-50.1, Army Personnel Recovery, 10 Aug 05

Field Manual 7-0, Training the Force, 22 Oct 02

Field Manual 7-1, Battle Focus Training, 15 Sep 03

Memorandum, Office of the Deputy Chief of Staff G3/5/7, Implementation of the Army Biological Surety Program, dated 7 January 2005

Special Text (ST) 4-02-46, Medical Support to Detainee Operations, Sep 05

US Army MEDCOM Publications and Correspondence

MEDCOM Memorandum MCCG, Training to Defend Against Smallpox, 4 Oct 02

MEDCOM Pamphlet 525-1, Medical Emergency Management Planning, 1 Oct 03

MEDCOM Regulation 525-4, US Army Medical Command Emergency Management, 11 Dec 00

MEDCOM Regulation 350-4, Readiness Training Requirements, 12 Feb 98

Memorandum, Chief of Staff, US Army Medical Command, 21 Dec 04, Chemical, Biological, Radiological, Nuclear, and (High Yield) Explosives, (CBRNE) Training of Medical Command Personnel

TC 8-800, Semi-Annual Combat Medic Skills Validation Test, 14 Jun 02